



INSURANCE COVERAGE STATEMENT

ND DEPARTMENT OF HUMAN SERVICES/DD

SFN 234 (3-2006)

Agency:

FIDELITY BOND

Company:	Policy Number:	Amount:
----------	----------------	---------

PROPERTY

Company:		Policy Number:	
Site:	Amount:	Site:	Amount:
Site:	Amount:	Site:	Amount:
Site:	Amount:	Site:	Amount:
Site:	Amount:	Site:	Amount:

LIABILITY

Company:		Policy Number:	
Bodily Injury:	Amount:	Professional Liability:	Amount:
Personal Injury:	Amount:	Teacher Liability:	Amount:
Property Damage:	Amount:	Umbrella Liability:	Amount:
	Amount:		Amount:

VEHICLE

Company:	Policy Number:	
Bodily Injury:	Amount:	Deductible:
Collision:	Amount:	Deductible:
Comprehensive:	Amount:	Deductible:
No-Fault:	Amount:	Deductible:
Property Damage:	Amount:	Deductible:
Uninsured Motorist:	Amount:	Deductible:
	Amount:	Deductible:

Signature:	Title:	Date:
------------	--------	-------